

## CalWORKs INTERCOUNTY TRANSFER CONTINUATION REQUEST FOR ADDITIONAL DOCUMENTS

Instructions: The CalWORKs Intercounty Transfer will not be picked up in the receiving county. A Medi-Cal referral must be completed for this case. Please provide copies of the documents indicated below to the worker in the receiving county within ten calendar days.

### RECEIVING COUNTY INFORMATION

RECEIVING COUNTY		DATE REQUESTED	
WORKER NAME		WORKER NUMBER	
COUNTY ADDRESS (NUMBER, STREET)		CITY	ZIP CODE
COUNTY PHONE NUMBER (    )	FAX NUMBER (    )	E-MAIL ADDRESS	

### CASE NAME/BENEFICIARY INFORMATION

CASE NAME	SENDING COUNTY CASE NUMBER	
CLIENT ADDRESS (NUMBER, STREET)	CITY	ZIP CODE
CLIENT PHONE NUMBER (    )	DATE MOVED	

### DOCUMENTS REQUESTED FOR MEDI-CAL REFERRAL PACKET

- |                                                                        |                                                                       |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Statement of Facts and Applicable Supplements | <input type="checkbox"/> Other Health Coverage Information (DHS 6155) |
| <input type="checkbox"/> Social Security Card(s)                       | <input type="checkbox"/> Proof of Alien Status for: _____             |
| <input type="checkbox"/> Identifications (CDL, etc.)                   | <input type="checkbox"/> Family Support Information (CW 2.1s)         |
| <input type="checkbox"/> Income Verifications                          | <input type="checkbox"/> Property Verifications                       |
| <input type="checkbox"/> Primary Wage Earner: _____                    | <input type="checkbox"/> Incapacity Verification for _____            |
| <input type="checkbox"/> Pregnancy Verification for: _____             |                                                                       |
| <input type="checkbox"/> Completed MC 360                              |                                                                       |
| <input type="checkbox"/> Other (list): _____                           |                                                                       |

SENDING COUNTY		WORKER NAME
PHONE NUMBER (    )	FAX NUMBER (    )	DATE SENT